



Saving Lives: The Suicide Prevention Summit

September 7, 2011

LAC Suicide Prevention Network



Welcoming & Opening Remarks

Roderick Shaner, M.D.

Medical Director, LAC Department of Mental Health



Key Note: State Plan for Suicide Prevention

Kita S. Curry, Ph.D.

President/CEO,

Didi Hirsch Suicide Prevention Center



History of Suicide Prevention

Lyn Morris, L.M.F.T.

Division Director,

Didi Hirsch Suicide Prevention Center



Mental Health Commission Award to Norman Farberow, Ph.D.

by Larry Gasco, Ph.D., L.C.S.W.

Chairman, LAC Mental Health Commission



Suicide & Psychological Autopsy

Linda E. Weinberger, Ph.D.

USC Institute of Psychiatry, Law and Behavioral Science



DEATH CERTIFICATE

- Natural
- Accident
- Suicide
- Homicide
- Undetermined



CRITERIA for DETERMINING SUICIDE

- Self-inflicted
 - Supported by autopsy, toxicology, investigatory, and psychological evidence and statements from the decedent and witnesses
- Intent
 - Evidence that at the time of the injury, the decedent intended to kill him/herself or wished to die, and the decedent understood the probable consequences of his/her actions

CALIFORNIA LAW REGARDING DECEDENT'S INTENT

Searle v. Allstate Life Insurance Company 38 Cal. 3d 425 (1985)

Mr. Searle killed himself with GSW to head.

Wife contested the life insurance company's decision after death ruled a suicide.

CA Supreme Court ruled that mental capacity was very relevant to the determination of suicidal intent.

“If the insured did not understand the physical nature and consequences of the act, whether he was sane or insane, then he did not intentionally kill himself.”



CONTRIBUTION OF MENTAL HEALTH

**Dr. Theodore J. Curphey, Los Angeles County
Chief Medical Examiner-Coroner, started
pioneering work with the Suicide Prevention
Center (SPC) for help in clarifying the manner of
death**



PSYCHOLOGICAL AUTOPSY

- The Approach was developed in late 1950's by Drs. Robert Litman, Norman Farberow, and Edwin Schneidman of the SPC
- Thorough retrospective analysis of decedent's intention and state of mind as related to his/her actions at time of death



NEED for PSYCHOLOGICAL AUTOPSY in MANNER OF DEATH DETERMINATIONS

- In equivocal cases when the Dept. of Coroner cannot determine whether the decedent's death was a suicide or an accident
- When the Dept. of Coroner rules the death a suicide, but there is a protest (someone contests the manner of death)



1987 to PRESENT

- USC Institute of Psychiatry and Law,
psychological consultants to LA Dept. of Coroner
- Conduct psychological autopsy only when
possible manner of death is between suicide and
accident
- Evaluation is **CONFIDENTIAL TO DEPT. OF
CORONER ONLY**



APPROACH USED

- Consent form
- Team of psychiatrists and clinical psychologists
- Sources of information

MODE CONFERENCE



Statistics on Suicide in Los Angeles County

Nicolle Perras, M.P.H.

Department of Public Health, Injury & Violence Prevention

Suicide Trends in Los Angeles County 2005-2009

Nicolle Perras, MPH

Los Angeles County Department of Public Health
Injury and Violence Prevention Program

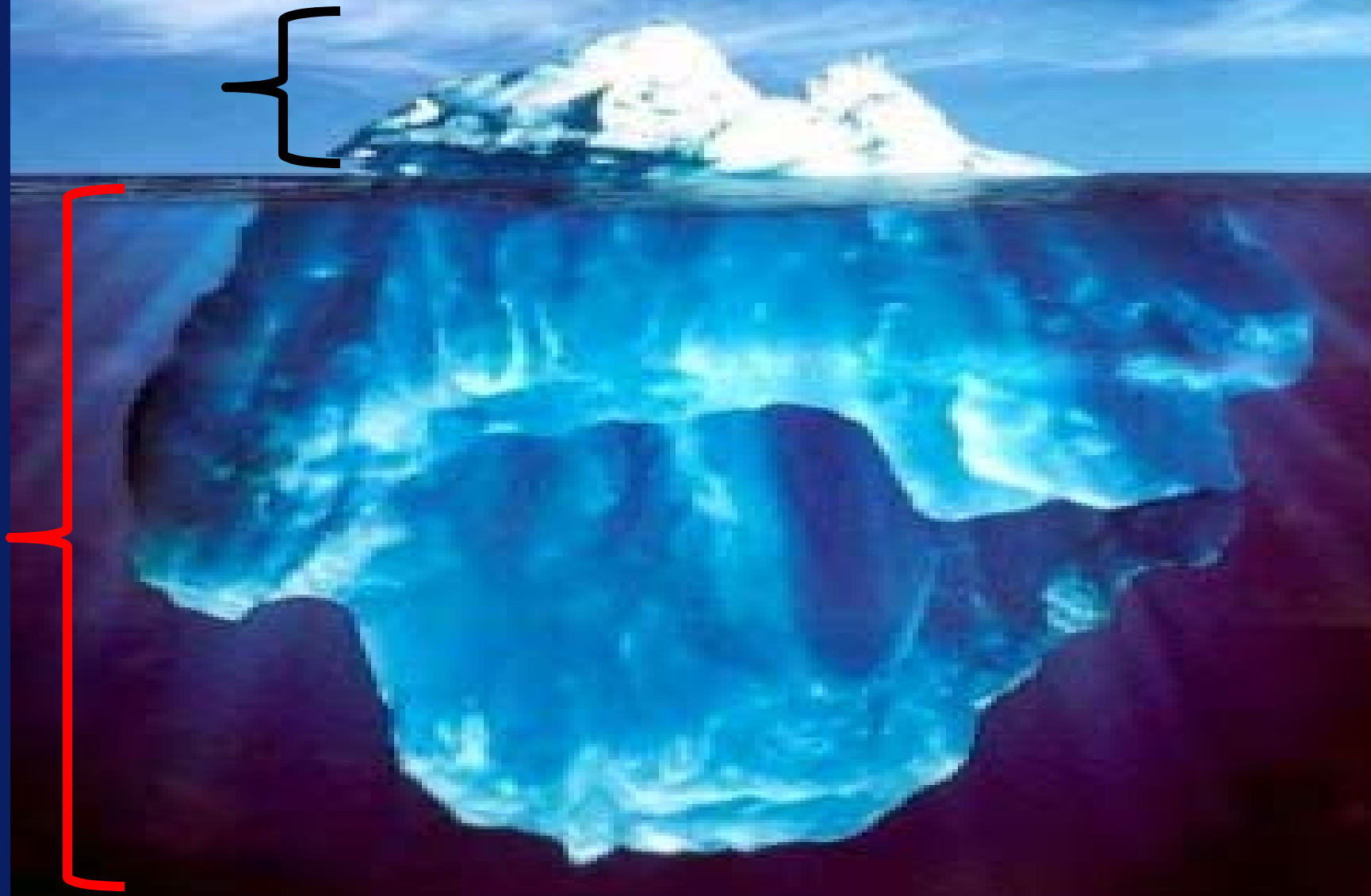


Overview

- Data limitations
- Data sources
- Suicide Deaths
- Suicide Attempts
 - Hospitalizations
 - Emergency Department
 - Ideation

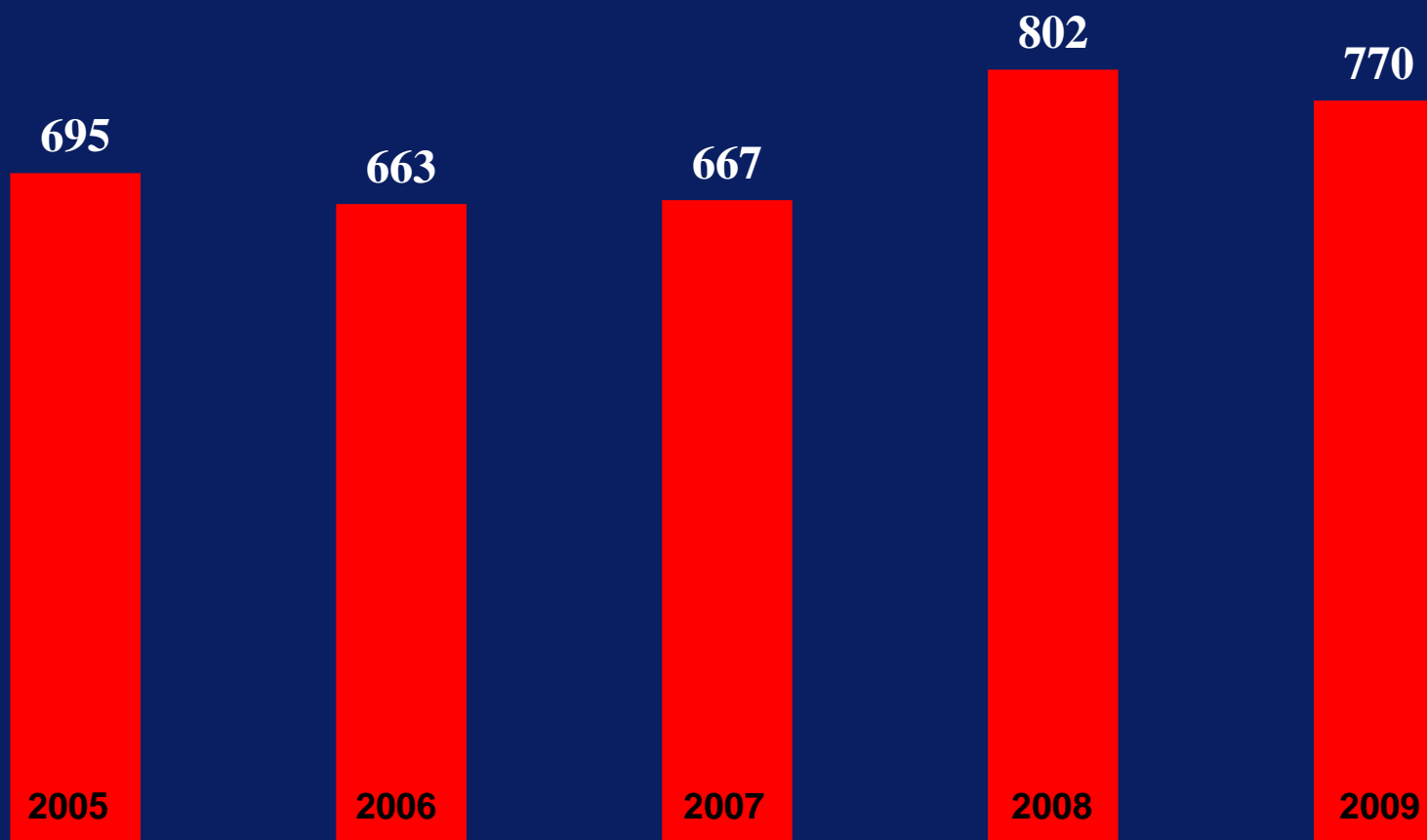


Numbers recorded



Suicide Deaths in LAC

2005 - 2009



LAC Suicide Deaths Method Used

■ Cut/Pierce

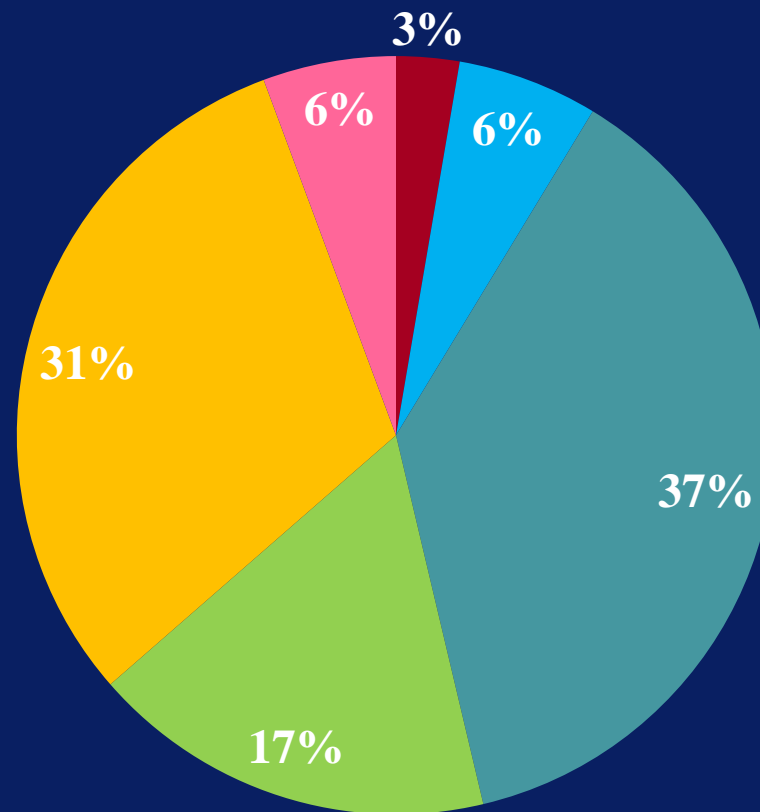
■ Falls

■ Firearm

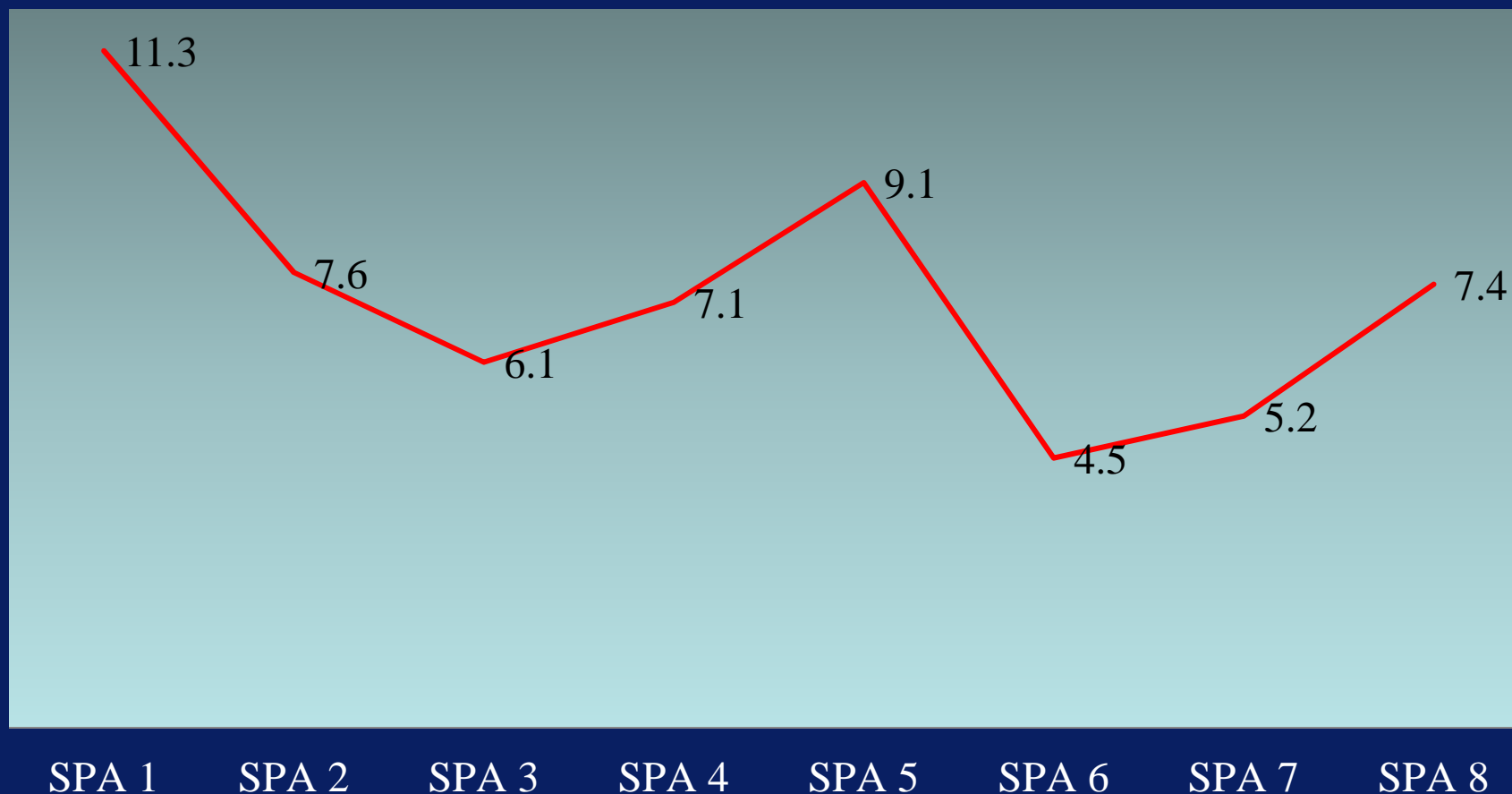
■ Poisoning

■ Suffocation

■ Other

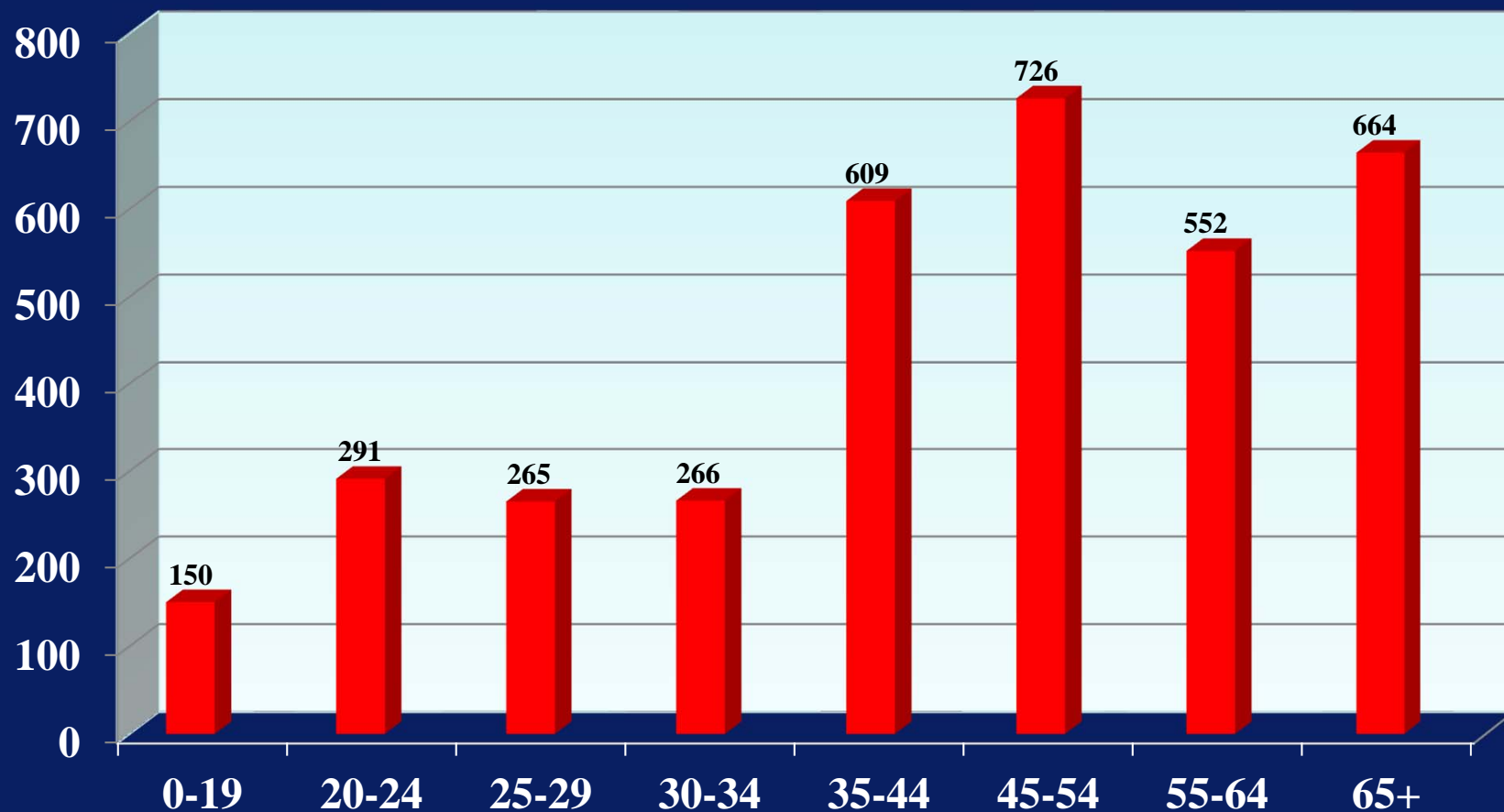


LAC Suicide Deaths Trend Rate by SPA, 2005 - 2009

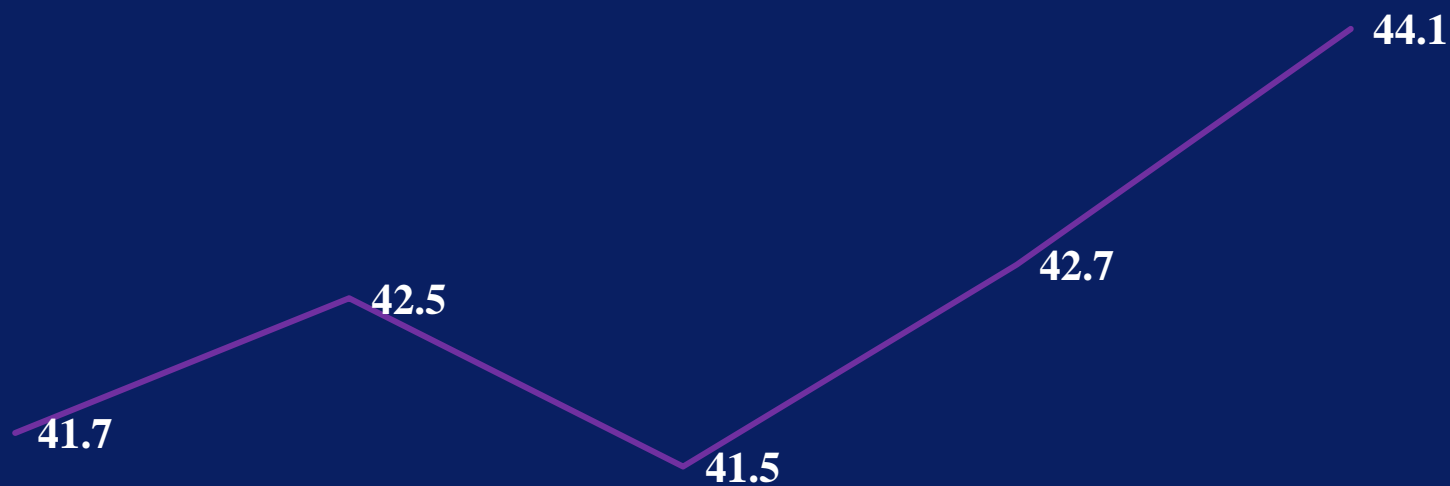


LAC Suicide Deaths

Five Year Trends – By Age



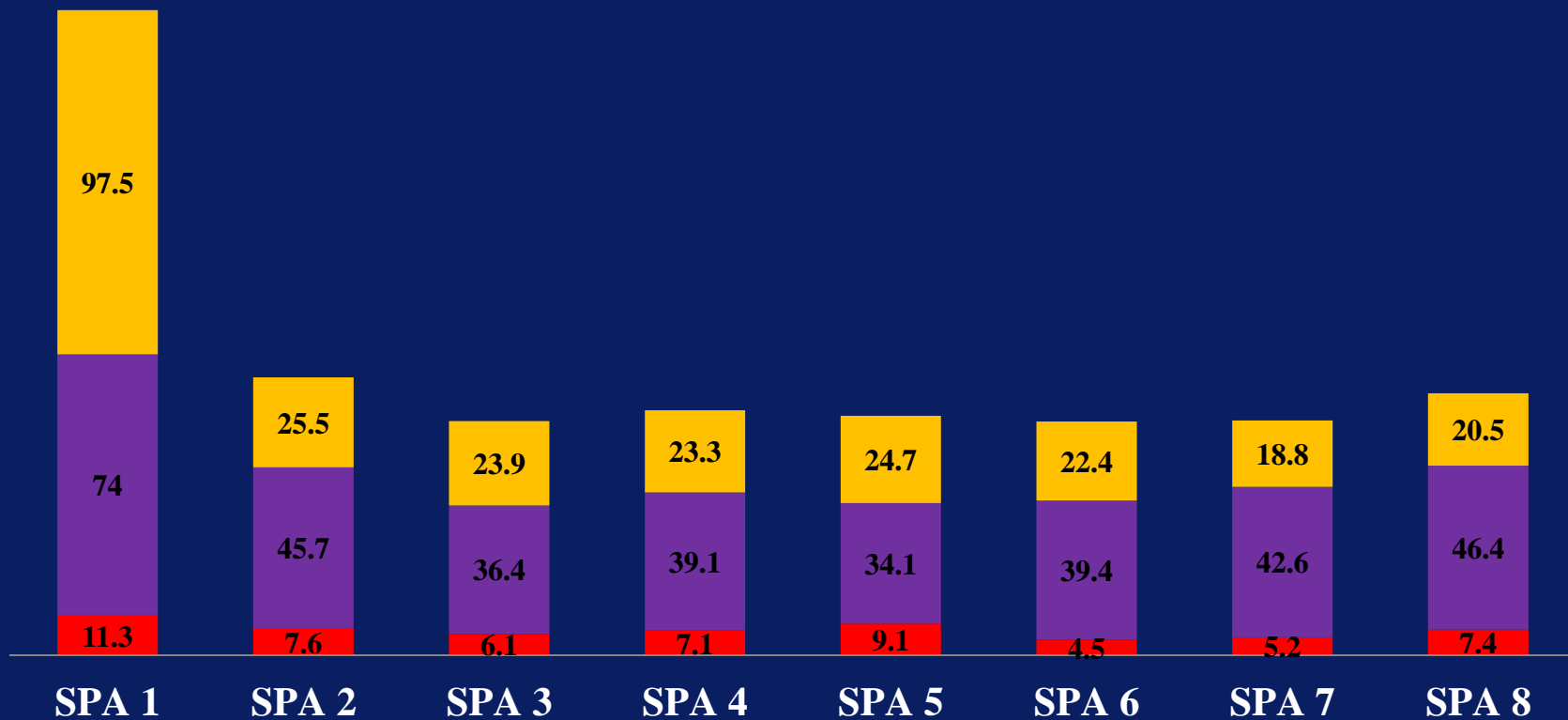
LAC Non-Fatal Suicide Attempt Hospitalization Rates per 100,000 2005-2009



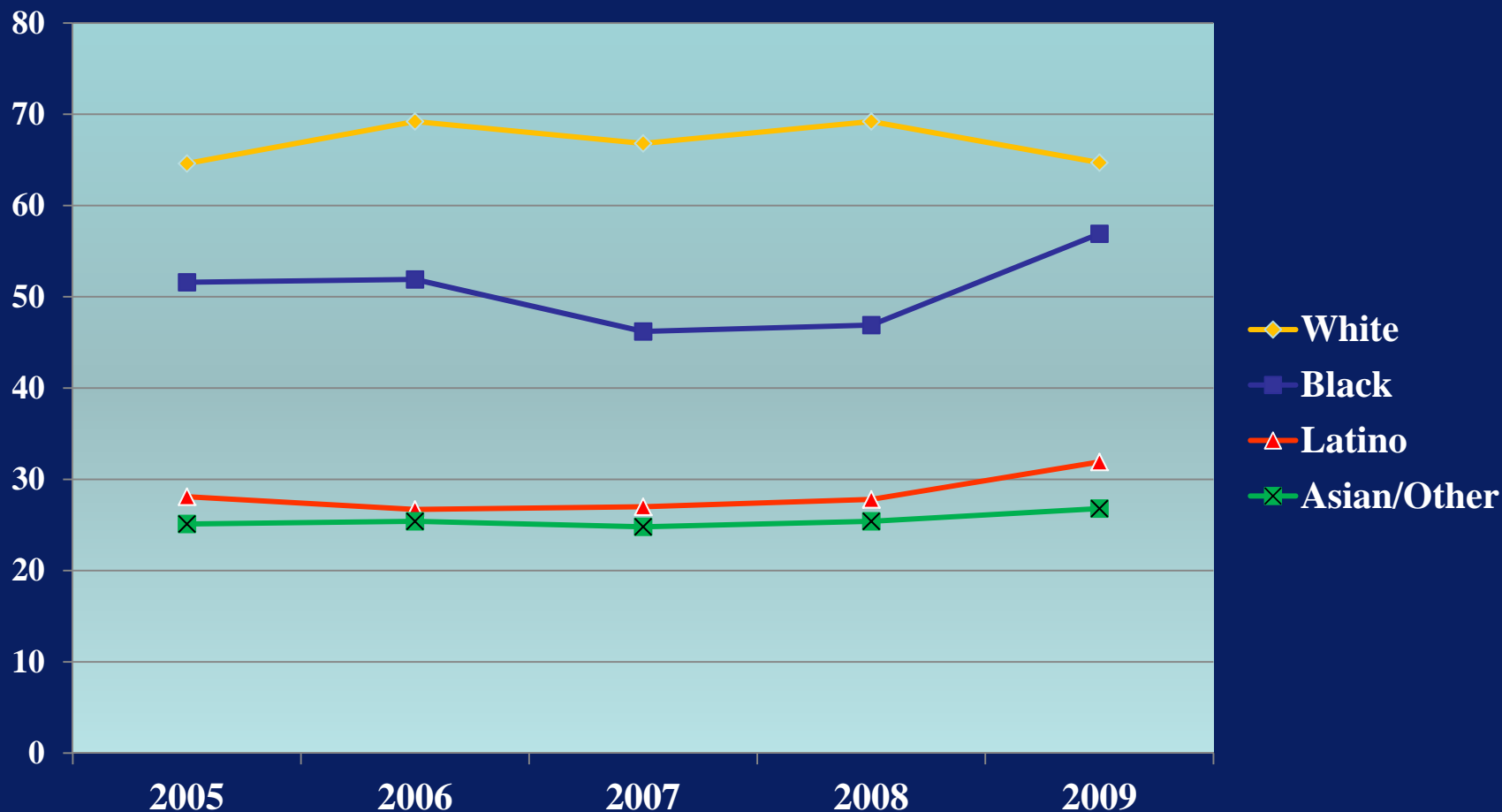
2005-2009 Trend Data

Rate per 1000,000

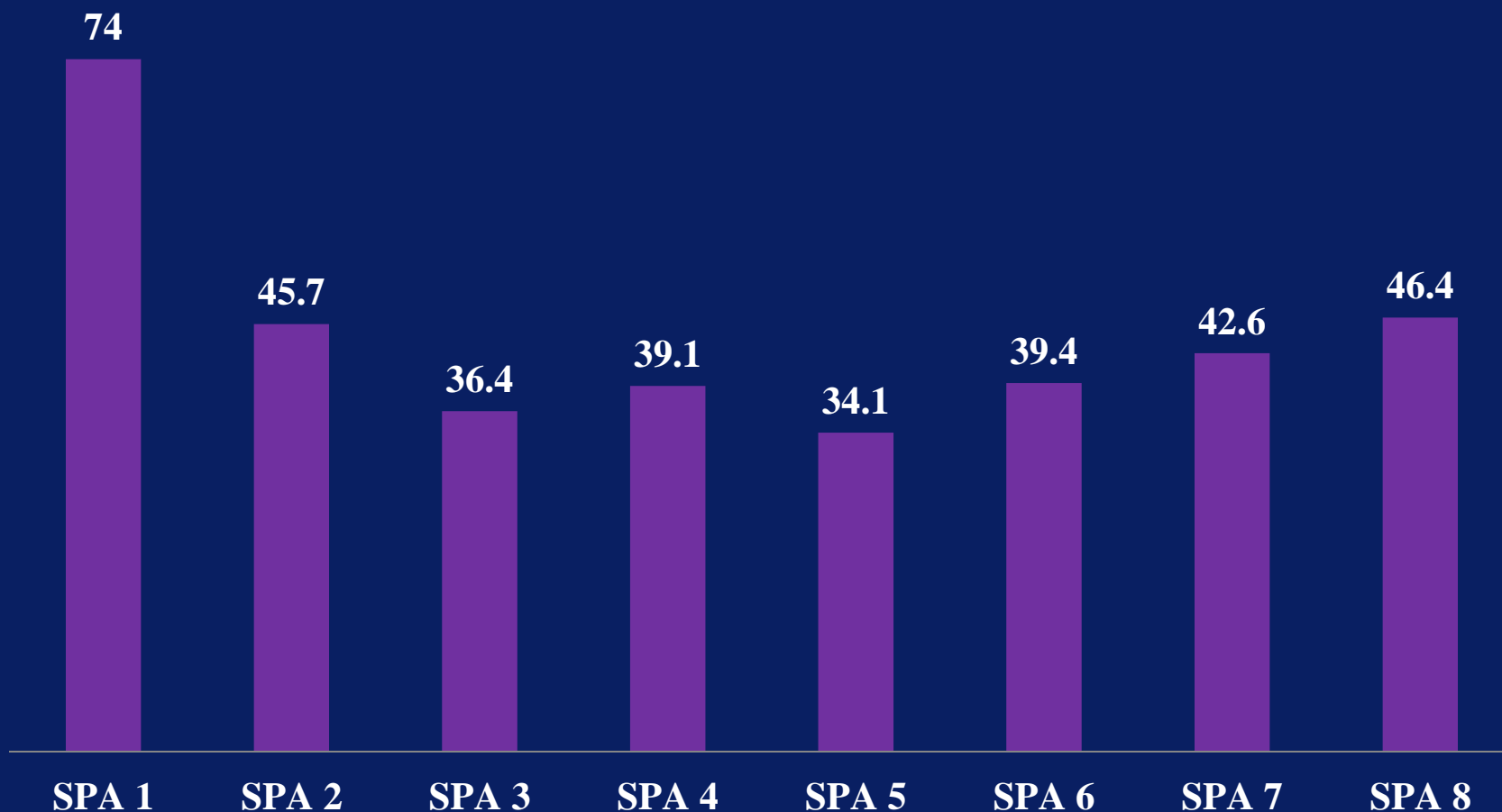
■ Death ■ Hospitalization ■ ED Visit



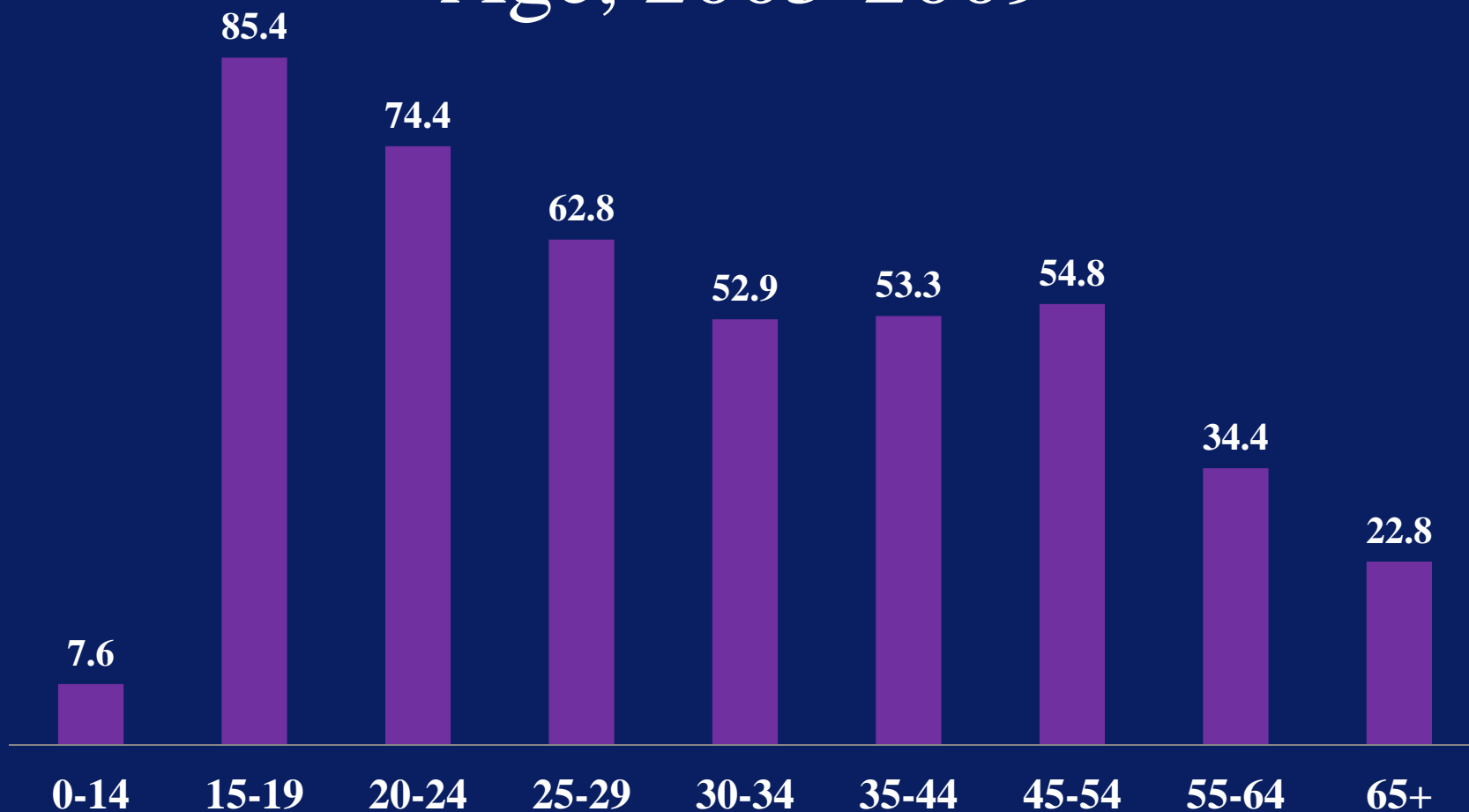
Non-Fatal Suicide Attempt Hospitalization Rates per 100,000 by Race/Ethnicity, 2005-2009



Non-Fatal Suicide Attempt Hospitalization Rate Trends per 100,000 by SPA 2005-2009



Non-Fatal Suicide Attempt Hospitalization Rates per 100,000 by Age, 2005-2009



Method

■ **Cut/Pierce**

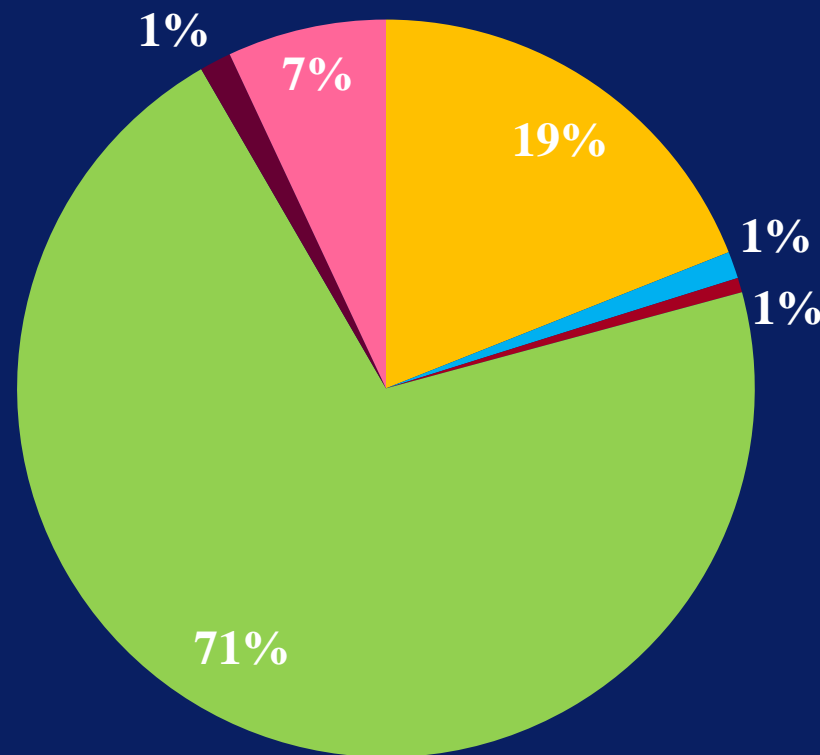
■ **Falls**

■ **Fire/Burn**

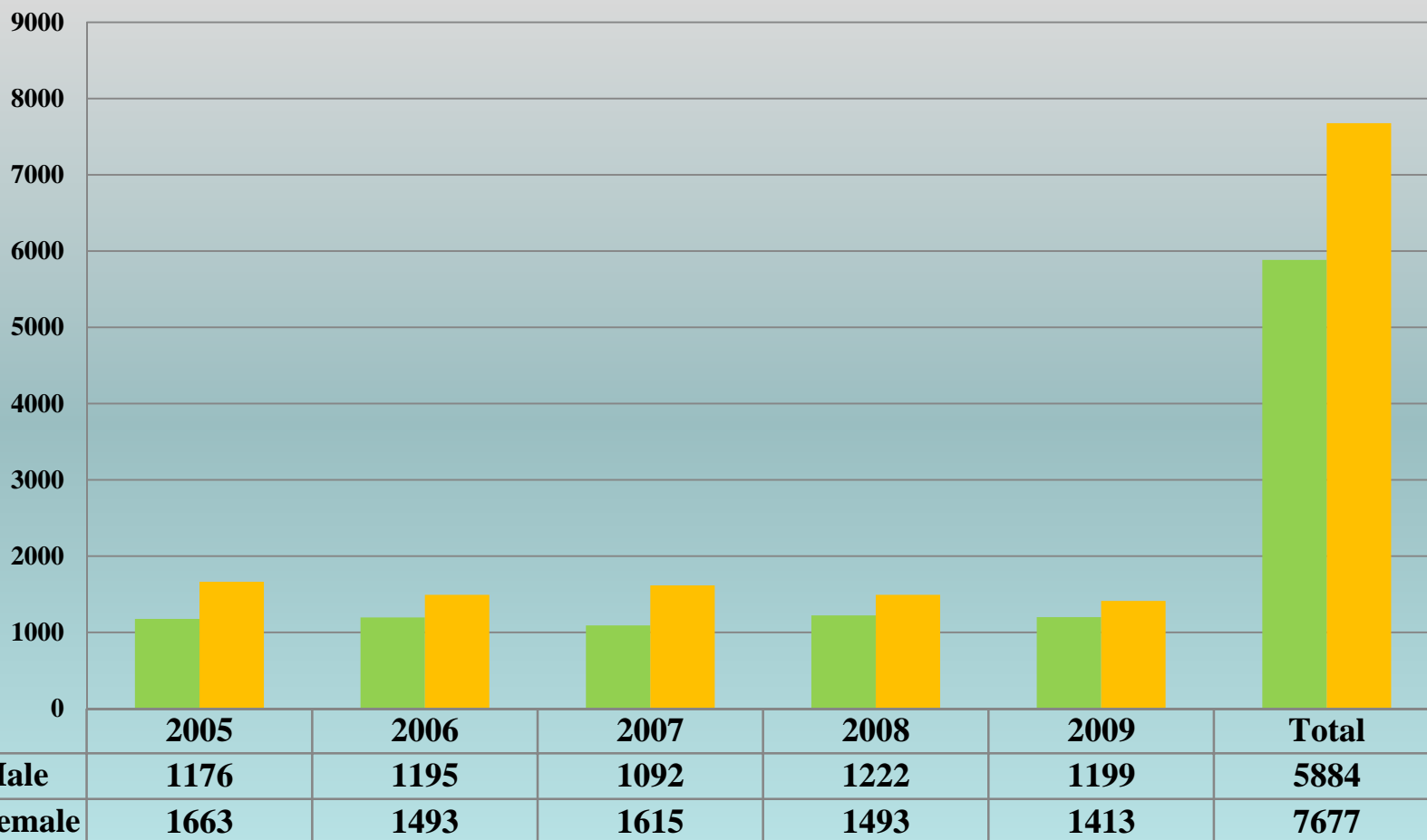
■ **Poisoning**

■ **Suffocation**

■ **Other**

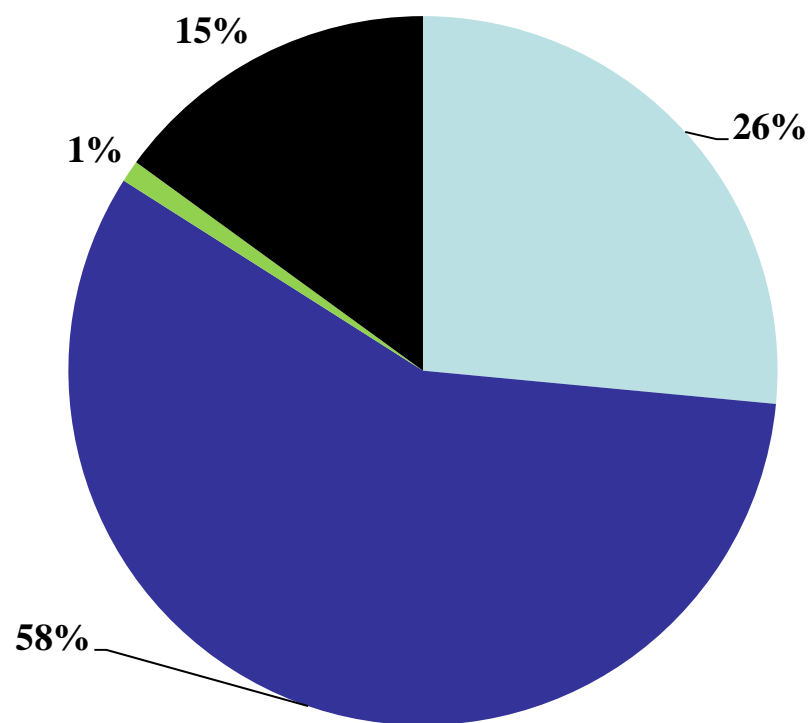


Emergency Department Visits for Suicide Attempts 2005 - 2009



ED Visits Suicide Attempts by Method

■ Cut/Pierce ■ Poisoning ■ Suffocation ■ Other



Crisis Line Calls FY 2010 – 2011

- 21, 944 Calls from LAC
- Call volume increased by 8%

Los Angeles	667 (39%)
Long Beach	77 (5%)
Burbank	60 (4%)
Santa Monica	58 (3%)
Van Nuys	40 (2%)

- 54% Female
- 47% White
- 21% Latino
- 11% Black
- 5% Asian
- 1% Pacific Islander
- 15% Declined to state

Source: Didi Hirsch Mental Health Services Suicide Prevention Center Report Los Angeles County -- Fiscal Year 2010-11 Emergency Calls and Rescues



Crisis Line Calls

Age

- 31% Age 25 and under
- 37% 26-45 years old
- 19% 46-55 years old
- 12% 56-75 years old
- 1% 76-85 years old
- 1% 86 and older

Method

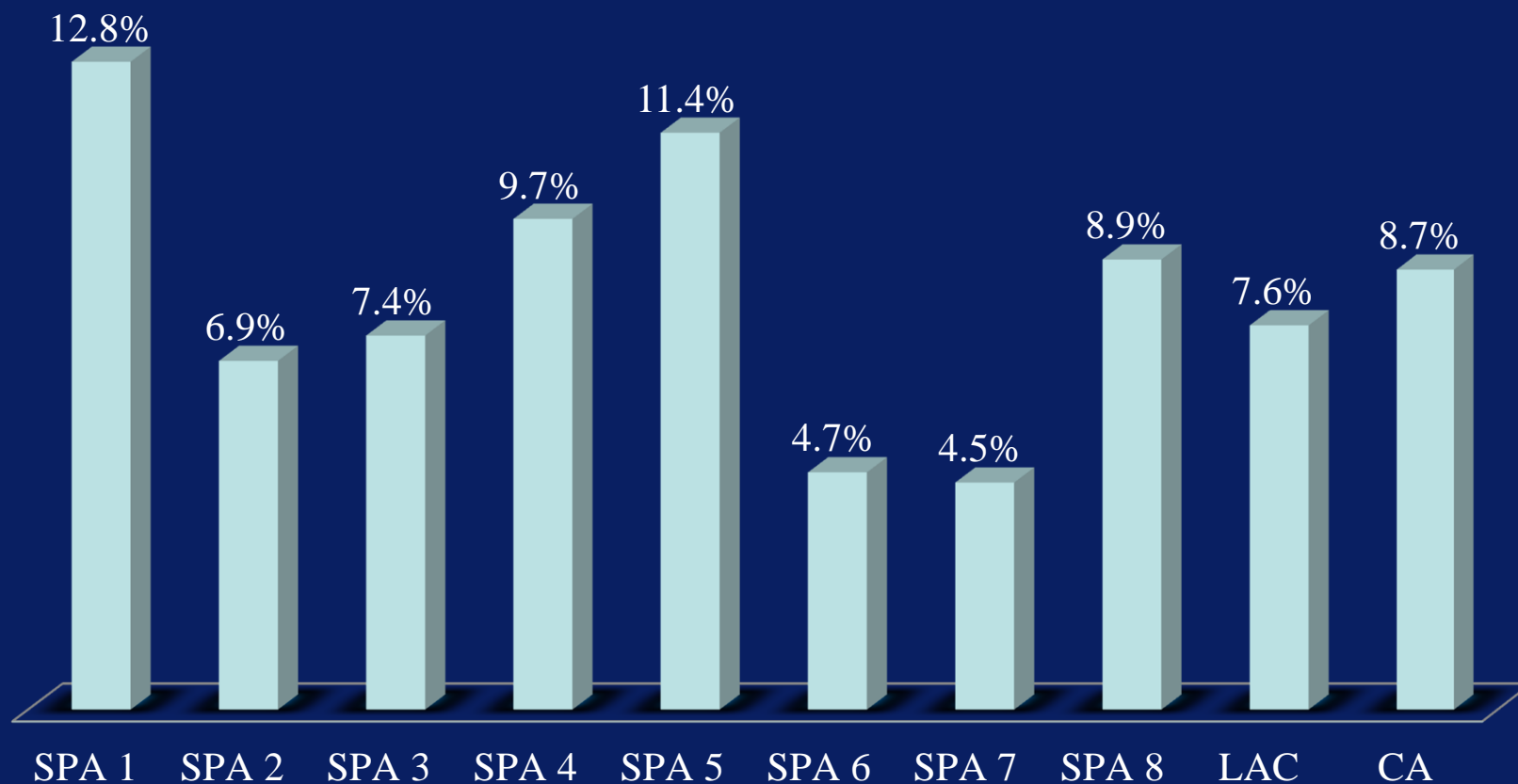
- 27% Overdose
- 14% Cut/Pierce
- 7% Gun
- 7% Vehicular
- 6% Suffocation
- 6% other
- 36% Declined to Say/Did Not Know

Source: Didi Hirsch Mental Health Services Suicide Prevention Center Report Los Angeles County -- Fiscal Year 2010-11 Emergency Calls and Rescues



CHIS - 2009

“Have you ever seriously thought about committing suicide?”



Source: 2009 California Health Interview Survey www.CHIS.ucla.edu



Ever seriously thought about committing suicide compared by Sexual orientation (4 levels) - Self Reported

www.CHIS.ucla.edu

California Health Interview Survey

Straight or heterosexual



Gay, lesbian, or homosexual



Bisexual



Not sexual /celibate / none / other



All



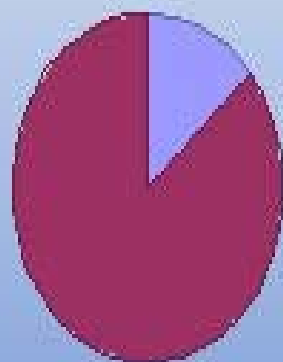
Thought about committing suicide

Never thought about committing suicide

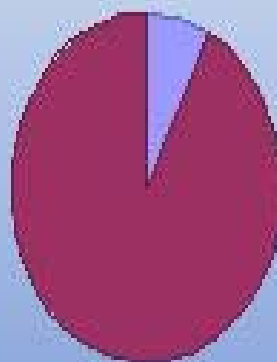


Ever seriously thought about committing suicide compared by Any mention of American Indian/ Alaska Native (self-reported)

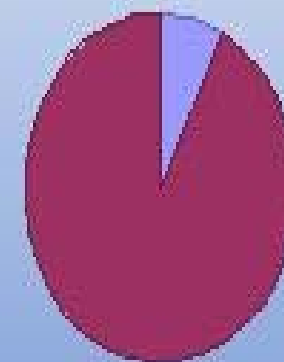
American Indian/Alaska Native



Not American Indian/Alaska Native



All



Thought about committing suicide

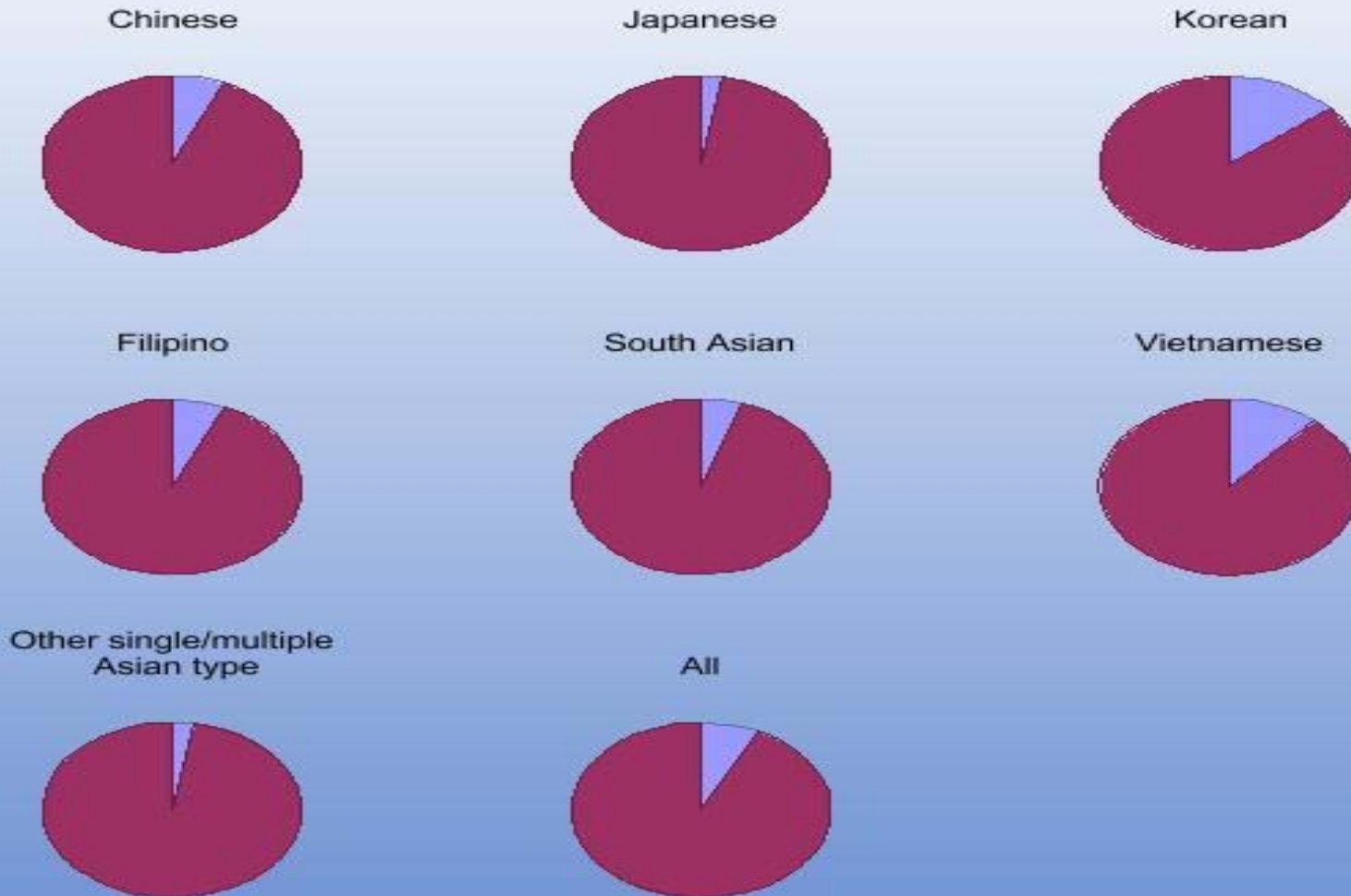
Never thought about committing suicide

Source: 2009 California Health Interview Survey

www.CHIS.ucla.edu



Ever seriously thought about committing suicide compared by Asian ethnicity groups (7 level)



Source: 2009 California Health Interview Survey www.CHIS.ucla.edu





Military

- **Ever served on active duty in the U.S. Armed Forces = 11.5% (Yes)**
 - » VS
 - » Never Served
 - » 7.4% Yes



Questions ???

Thank you!

Please visit the Los Angeles County,
Department of Public Health
Injury & Violence Prevention Program at
<http://publichealth.lacounty.gov/ivpp>
for more information.





Break – 15 minutes

Please visit our resource room 'Joshua Tree'

- Kognito
- LACOE
- LAC DMH, Didi Hirsch, NAMI, Teen Line, 211, 311, Glendale Adventist, Trevor Project, AFSP, AAS, CDC



Survivor Panel

Facilitator: Nina J. Gutin, Ph.D.

Panel: Rene Buchanan
Lauren Wecker, Psy.D.
India Collins
Marilyn Nobori



Summary of AM Preview of PM

Sam Chan, Ph.D.

District Chief, LAC Department of Mental Health



LUNCH BREAK

Saving Lives: The Suicide Prevention Summit

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Los Angeles County Suicide Prevention & Early Intervention Programs

Partners in Suicide Prevention Program,
LAC Department of Mental Health



Small Group Discussion

Sam Chan, Ph.D.



Instructions for Small Group Discussion

- 45 minutes
- Designate one spokesperson(recorder)
- Identify two challenges using the examples provided or make your own
- With identified challenges, come up with two solutions for each challenge using “existing resources”
- Recorder will submit their info to PSP core group members
- Please print legibly



Refreshment Break – 15 minutes



Discussion:

What needs to be achieved?

Facilitators:

Richard Lieberman

School Psychologist, LAUSD Suicide Prevention Services

Linda Boyd, RN

Program Manager, Department of Mental Health Emergency
Outreach Bureau



Closing Remarks

Sam Chan, Ph.D.



Thank You

Please turn in you evaluation!